



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE
ARLINGTON, MA 02174

File with: City or Town Clerk for Election Commission

Fill in Reporting Period dates:

Beginning Date:

3/25/2016

Ending Date:

5/1/2016

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

RECEIVED

Leonard Kardon

Candidate Full Name (if applicable)

Arlington School Committee

Office Sought and District

65 Tanager St., Arlington, MA 02476

Residential Address

E-mail: len.kardon@gmail.com

Phone # (optional):

Committee to Elect Len Kardon

Committee Name

Leah Sugarman

Name of Committee Treasurer

65 Tanager St., Arlington, MA 02476

Committee Mailing Address

E-mail: leahsugarman@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

2776.42

Line 2: Total receipts this period (page 3, line 11)

75.00

Line 3: Subtotal (line 1 plus line 2)

2851.42

Line 4: Total expenditures this period (page 5, line 14)

2428.65

Line 5: Ending Balance (line 3 minus line 4)

422.77

Line 6: Total in-kind contributions this period (page 6)

—

Line 7: Total (all) outstanding liabilities (page 7)

—

Line 8: Name of bank(s) used: Leader Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 5/2/16

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 5/2/16

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

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2016	MAY -3	AM 8:30
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TO THE CLERK'S OFFICE
FALLINGTON, MA 02170

Line 12: Total Expenditures over \$50 (or listed above)

24 27.62

Line 13: Total Expenditures \$50 and under* (not listed above)

1.03

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

2428.65

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

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 TOWN CLERK'S OFFICE
 ARLINGTON, MA 02174

Line 9: Total Receipts over \$50 (or listed above) —

Line 10: Total Receipts \$50 and under* (not listed above) 75.00

Line 11: TOTAL RECEIPTS IN THE PERIOD 75.00

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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ARLINGTON, MA 02174
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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 4/27/2016

Name of Individual Being Reimbursed: Leonard Kardon

Committee Name: Committee to Elect Len Kardon

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/6/2016	Costco Wholesale	71 Second Avenue Waltham, MA 02451	refreshments for kickoff	129.57
3/4/2016	Connolly Printing	178 Gill Street Woburn, MA 01801	sign frames	132.81
various	Campaign Partner	16 Dudley Street Fitchburg, MA 01420	website	87.00

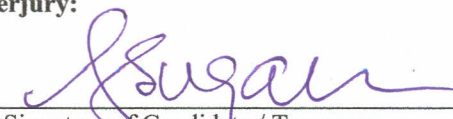
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 349.38

Line 2: Expenditures \$50 or under (not itemized): 141.35

Line 3: TOTAL AMOUNT REIMBURSED: 490.73

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 5/2/16

Please prepare a separate report for each reimbursement check issued by the committee.